



Dan Bucks
Director

Montana Department of Revenue



Brian Schweitzer
Governor

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FEB 05 2008

February 1, 2008

Ravalli County Commissioners

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RE: **Application for Issuance of One Original (NEW) Montana All-Alcoholic Beverage License, TWO RIVERS CASINO, 159 A Conner Cutoff Road, Conner, Ravalli County, Montana**

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **March 3, 2008**. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

If you have any questions, please call (406) 444-0713.

Sincerely,

Tanya Stelzer
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712

cc: Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 1st day of February, 2008, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS
COURTHOUSE
205 BEDFORD ST #5001
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY
GEORGE CORN
COURTHOUSE
205 BEDFORD ST. #5008
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN
215 S 4TH ST STE D
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF
PERRY JOHNSON
205 BEDFORD ST #5022
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT
FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201417
HELENA MT 59620-1417

DAVID W COOK
BUILDING STANDARDS SECTION
BUILDING CODES BUREAU
PO BOX 200517
HELENA MT 59620-0517



Check The Appropriate Boxes To Designate The Purpose Of This Application

Alcoholic Beverage

- ☒ New Alcoholic Beverage License Application
- ☐ Existing Alcoholic Beverage License; Transfer Of Ownership Application
- ☐ Existing Alcoholic Beverage License; Corporate Structure Change
- ☐ Existing Alcoholic Beverage License; Transfer Of Location Application
- ☐ Existing Alcoholic Beverage License; Death of Licensee

Designate The Type Of License Of Your Application:

- ☐ On-Premises Beer
- ☐ On-Premises Beer/Wine
- ☒ All-Beverage
- ☐ Restaurant Beer/Wine
- ☐ Resort License

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GAMBLING CONTROL DIVISION

Gambling

- ☐ New Gambling

(An owner of an interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.)

- ☐ New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.
- ☐ Amended Gambling License Application - (Note: No fee is required for this application)

(An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.)

- | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Existing Gambling License Change Among Existing Corporate Shareholder(s) | <input type="checkbox"/> Existing Gambling License Deletion of Owner(s) |
| <input type="checkbox"/> Existing Gambling License Change Among Existing Partners or LLC/LLP Members | <input type="checkbox"/> Existing Gambling Location Change Application |
| | <input type="checkbox"/> Existing Gambling License Type Change Application |
| | <input type="checkbox"/> Other - (Explain) _____ |

Section I

General Information

Print Or Type

Name of Applicant: Two Rivers Enterprises, Inc.
(Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name: Two Rivers Casino
(Doing business as Assumed business name must be filed with the Secretary of State's office.)

Mailing Address: P.O. Box 332 Conner, MT 59827
(Box or Street)

Address of Premises to be Licensed: 159 A Conner Cutoff Rd.
(Street, Suite No., Building No.)

City / State / Zip Code: Conner MT 59827

Business Phone / Cell Phone: (406) 821-4122 (406) 360-3991
Business Cell

Fax: (406) 821-4122

Federal Tax I.D.: 20-4387230 ☐ Check if applied for but not yet received.

Alcohol Beverage License Number: [scribbled out]
(N/A if not applicable)

Are the premises for licensing located:

- ☐ Within the boundaries of an incorporated city/town (Gambling Licensing.)
- ☐ Within a distance of five miles of an incorporated city/town (Liquor Licensing.)
- ☒ Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Liquor Licensing.)

Conner in County of Bozali
City Name County Name

C. Provide the information requested below for each:

Check appropriate box (Use additional paper if necessary)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business |
| <input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Liability Company (Member of...) | <input type="checkbox"/> Check this box if ownership in the liquor license is also held as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below. |
| <input checked="" type="checkbox"/> Officer of a Corporation | JTROS _____ or TEN COM _____ |
| <input checked="" type="checkbox"/> Director of a Corporation | |
| <input checked="" type="checkbox"/> Shareholder of a Corporation | |
| <input type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation | |
| <input checked="" type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 26 U.S.C. 501 (c)(3), (c)(4), (8) or (c)(19) organization | |

Legal Name (First, M.I., Last)	Address	Title	Date of Birth	Social Security Number	Percentage of Ownership	Number of Shares
Leah F. Bly	Box 332 Corner	Pres./Director	2/29/60	518-88-4537	100%	450
Renee M. Bly	Box 332 Corner	Pres./Director	5/17/60	518-78-4053	100%	450

Note: Each individual listed above must submit with this application a personal history statement, (Form 10), Authorization for Examination and Release of Information, (Form 1.) and a completed Fingerprint Card. Use additional sheet of paper if necessary. *on file*

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of liquor and/or gambling. ☒ Yes

I do not request smoking exception. ☐ No

D. Charitable, Religious, Veterans' or Fraternal Organization

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: ☒ N/A

> Date qualified for exemption under 26 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):

Month _____ Day _____ Year _____

> Date local charter issued or post organized:

Month _____ Day _____ Year _____

> Has national organization been in existence for a period of five years prior to January 1, 1949?

☐ Yes ☐ No

> Provide Address of National Headquarters:

(Street Address) _____

(City) _____

(State) _____

(Zip) _____

> A copy of your organization or post charter must accompany this application.

> Location of Gambling Premises:

(Street Address) _____

(City) _____

(State) _____

(Zip) _____

> How many days, per year, is gambling conducted at this location? _____ Days.

C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
☐ Yes ☒ No
2. Where gambling is restricted by city or county zoning ordinance?
☐ Yes ☒ No

D. Is the building ready for use for an alcoholic beverage business: ☒ Yes ☐ No

1. Is this a newly constructed premises?
☐ Yes ☒ No If No, indicate an estimated date of occupancy 4/5/06
2. Is this a remodel of an existing premises?
☐ Yes ☒ No If Yes, indicate an estimated date of completion _____

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon. *on file*

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, liquor license number (if applicable) and date of submittal.

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Section VII

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Declaration and Affidavit

GAMBLING CONTROL DIVISION

I declare under the penalties of false swearing and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation mailing this application and that I examined the application, including any accompanying information, and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

STATE OF MONTANA

County of Paria

Lewis F. Bly, being duly sworn, if for himself or herself, deposes and says, that he/she is the applicant above named; or that he/she is Director & President of the above named corporation; that he/she has read the foregoing application and attachments and that he/she knows the contents thereof, and that all matters and things therein set forth are true and correct.

Lewis F. Bly
Print Full Name

Lewis F. Bly
Signature

1/9/08
Date

Notary Seal

On this 9th day of January, 20 08
Personally appeared Lewis F. Bly
Before me a Notary Public for the State of Montana
Kate Nielson (Notary Signature)
Katie Nielson (Print Name of Notary)
My Commission Expires Aug 1, 2010 (Month, Day & Four Digit Year)

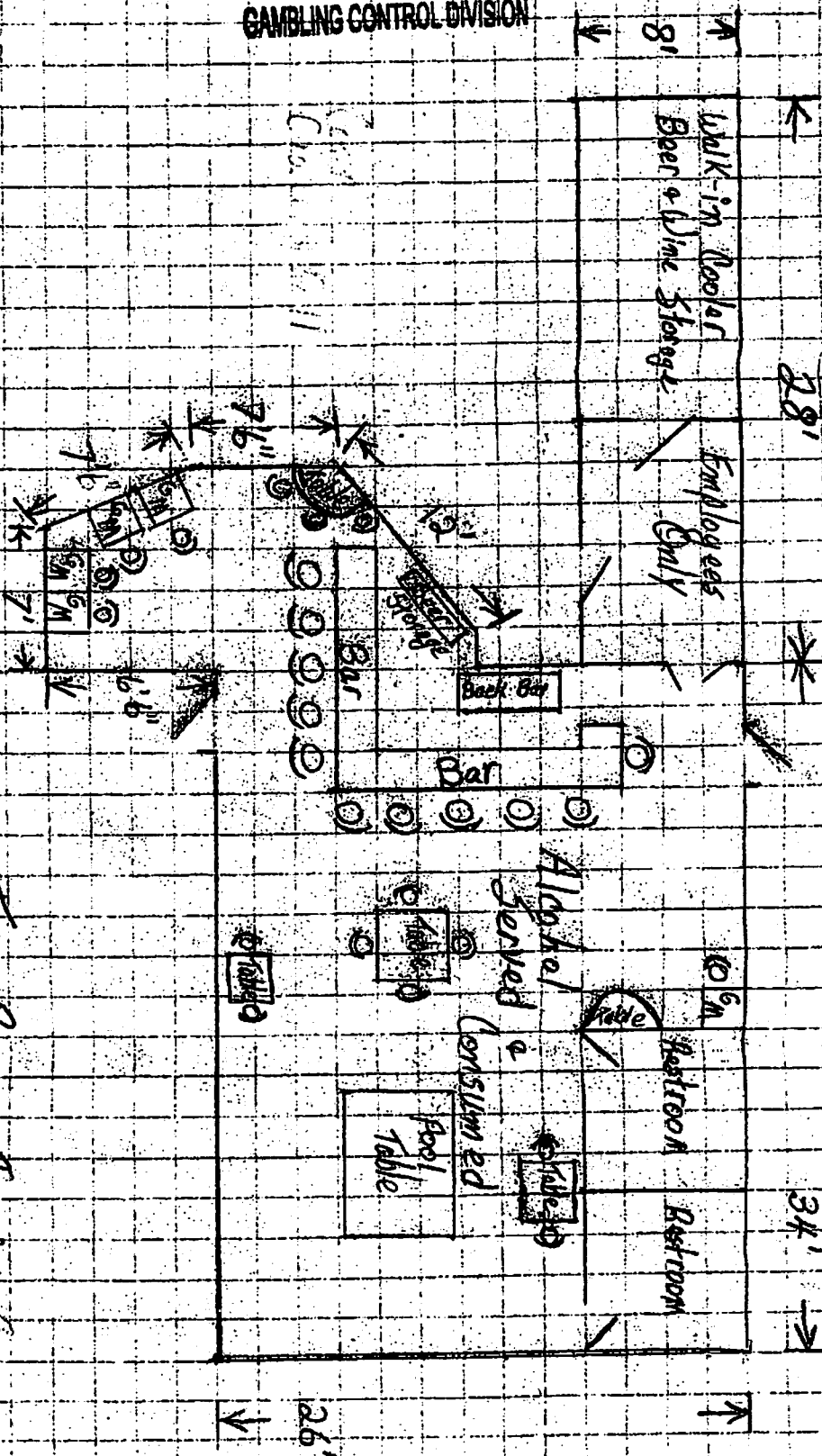


KATE NIELSON
NOTARY PUBLIC-MONTANA
Residing at Darby, Montana
My Comm. Expires August 1, 2010

This application must be completed in full, and all requested attachments must accompany it. Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the Investigation of Your License Application

GAMBLING CONTROL DIVISION



Scale - $\frac{1}{4}'' = 2'$

Q = Chairs - 27

$$\boxed{\text{table}} = 5$$

Qm = Corning Machines

Two Rivers Classing

159 A. Corner Lutoff Rd.

Comer, MT 59827

Submitted - 1/11/08